

PDF ATTACHMENT TO MSG / SEE DATE TIME GROUP OF BASE MSG
UNCLASSIFIED//
OPERS/ENDURING FREEDOM/IRAQI FREEDOM//
MSGID/GENADMIN/CDRUSCENTCOM/SG/MAR10//
SUBJ/MOD TEN TO USCENCOM INDIVIDUAL PROTECTION AND INDIVIDUAL/UNIT DEPLOYMENT
POLICY//
REF/A/MSG/CDRUSCENTCOM/SG/032024ZOCT2001//
AMPN/ORIGINAL USCINCCENT INDIVIDUAL PROTECTION AND INDIVIDUAL UNIT
DEPLOYMENT POLICY MESSAGE//
REF/B/MSG/CDRUSCENTCOM/SG/101925ZSEP2008//
AMPN/MOD NINE TO USCENCOM INDIVIDUAL PROTECTION AND UNIT DEPLOYMENT POLICY
MESSAGE. MOD NINE IS NO LONGER VALID AND IS SUPERSEDED BY MOD TEN//
REF/C/ DOC/DOD USD (P AND R)/11AUG2006//
AMPN/DODI 6490.03/DEPLOYMENT HEALTH//
REF/D/DOC/DOD USD (P AND R)/03AUG2006
AMPN/DODI 6025.19/INDIVIDUAL MEDICAL READINESS//
REF/E/ DOC/COMDT CG/VARIOUS, AS UPDATED//
AMPN/COMDTINST M6000.1B/MEDICAL MANUAL//
REF/F/ DOC/SECAF/05JUN2006//
AMPN/AFI 48-123/MEDICAL EXAMINATIONS AND STANDARDS, VOLUME 4 - SPECIAL STANDARDS
AND REQUIREMENTS//
REF/G/ DOC/HQDA/14DEC2007//
AMPN/AR 40-501/STANDARDS OF MEDICAL FITNESS//
REF/H/ DOC/BUMED/14JAN2009//
AMPN/NAVMED P-117/MANUAL OF THE MEDICAL DEPARTMENT//
REF/I/DOC/ASD (HA)/20JUN2009//
AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/REVISED SERVICE GUIDELINES FOR
REPORTABLE MEDICAL EVENTS//
REF/J/DOC/USD (P AND R)/03OCT2005//
AMPN/DODI 3020.41/CONTRACTOR PERSONNEL AUTHORIZED TO ACCOMPANY THE U.S.
ARMED FORCES//
REF/K/ ORD/CFC/010458ZJUL2006//
AMPN/CFC FRAGO 09-1038/CONTRACTOR CARE IN THE USCENCOM AOR//
REF/L/DOC/USD (P AND R)/23JAN2009//
AMPN/DODD 1401.10/DOD CIVILIAN EXPEDITIONARY WORKFORCE//
REF/M/DOC/ASD(FMP)/11MAR2006//
AMPN/DODI 1100.21/VOLUNTARY SERVICES IN THE DEPARTMENT OF DEFENSE//
REF/N/ DOC/DEPSECDEF/12OCT2006//
AMPN/DEPUTY SECRETARY OF DEFENSE MEMO/ANTHRAX VACCINE IMMUNIZATION
PROGRAM//
REF/O/DOC/USD (P AND R)/09FEB2006//
AMPN/UNDER SECRETARY OF DEFENSE MEMO/POLICY GUIDANCE FOR MEDICAL DEFERRAL
PENDING DEPLOYMENT TO THEATERS OF OPERATION//
REF/P/RESERVED FOR FUTURE USE
REF/Q/RESERVED FOR FUTURE USE
REF/R/RESERVED FOR FUTURE USE
REF/S/ DOC/HQDA/BUMED/SECAF/29OCT2006//
AMPN/AR 40-562/BUMEDINST 6230.15A/AFJI 48-110/IMMUNIZATIONS AND CHEMOPROPHYLAXIS//
REF/T/DOC/DEPSECDEF/28JUN2004//
AMPN/DEPUTY SECRETARY OF DEFENSE MEMO/EXPANSION OF FORCE HEALTH PROTECTION
ANTHRAX AND SMALLPOX IMMUNIZATION PROGRAMS FOR DOD PERSONNEL//
REF/U/DOC/USD (P AND R)/22SEP2004//
AMPN/UNDER SECRETARY OF DEFENSE MEMO/EXPANSION OF FORCE HEALTH PROTECTION
ANTHRAX AND SMALLPOX IMMUNIZATION PROGRAMS FOR EMERGENCY-ESSENTIAL AND

EQUIVALENT DEPARTMENT OF DEFENSE CIVILIAN EMPLOYEES//
 REF/V/DOC/USD (P AND R)/6DEC2006//
 AMPN/UNDER SECRETARY OF DEFENSE MEMO/IMPLEMENTATION OF THE ANTHRAX VACCINE IMMUNIZATION PROGRAM (AVIP)//
 REF/W/DOC/ASD (HA)/01APR2008//
 AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/UPDATE TO CLINICAL POLICY FOR THE DEPARTMENT OF DEFENSE SMALLPOX VACCINATION PROGRAM//
 REF/X/DOC/USD (P AND R)/ 10SEP2007//
 AMPN/UNDER SECRETARY OF DEFENSE MEMO/CHANGE IN POLICY FOR PRE-DEPLOYMENT ADMINISTRATION OF ANTHRAX AND SMALLPOX VACCINES//
 REF/Y/DOC/USD (P AND R)/17OCT2006//
 AMPN/DODI 6485.01/HUMAN IMMUNODEFICIENCY VIRUS//
 REF/Z/DOC/ASD(HA)/14MAR2006//
 AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/POLICY FOR PRE AND POST DEPLOYMENT SERUM COLLECTION//
 REF/AA/DOC/ASD(HA)/29JUL1981//
 AMPN/DODI 6465.1/HEMOGLOBIN S AND ERYTHROCYTE GLUCOSE-6-PHOSPHATE DEHYDROGENASE DEFICIENCY TESTING PROGRAM//
 REF/BB/DOC/ASD(HA)/18MAR2003//
 AMPN/DODI 5154.30/ARMED FORCES INSTITUTE OF PATHOLOGY OPERATIONS//
 REF/CC/DOC/ASD (HA)/18MAY2007//
 AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/UPDATED POLICY FOR PREVENTION OF ARTHROPOD-BORNE DISEASES AMONG DEPARTMENT OF DEFENSE PERSONNEL DEPLOYED TO ENDEMIC AREAS//
 REF/DD/USD(I)/20MAR2009//
 AMPN/DODI 6420.01/NATIONAL CENTER MEDICAL INTELLIGENCE (NCMI)
 REF/EE/ASD(HA)/04SEP2009//
 AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/POLICY MEMORANDUM ON THE USE OF MEFLUQUIN (LARIAM®) IN MALARIA PROPHYLAXIS//
 REF/FF/DPC/ASD (HA)/28MAY2008//
 AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/BASELINE PRE DEPLOYMENT NEUROCOGNITIVE FUNCTIONAL ASSESSMENT - INTERIM GUIDANCE//
 REF/GG/DOC/J4/02NOV2007//
 AMPN/MCM-0028-07/PROCEDURES FOR DEPLOYMENT HEALTH SURVEILLANCE//
 REF/HH/DOC/ASD(HA)/07NOV2006//
 AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/POLICY GUIDANCE FOR DEPLOYMENT LIMITING PSYCHIATRIC CONDITIONS AND MEDICATIONS//
 REF/II/DOC/ASD (HA)/15OCT2008//
 AMPN/ASSISTANT SECRETARY OF DEFENSE MEMO/GUIDANCE FOR CONTAINMENT OF VARICELLA OUTBREAKS//
 RMKS/1. (U) THIS IS MODIFICATION TEN TO USCENTCOM INDIVIDUAL PROTECTION AND INDIVIDUAL, UNIT DEPLOYMENT POLICY. IN SUMMARY, MODIFICATIONS HAVE BEEN MADE TO PARAGRAPH 15 FROM MOD 9, REF B.
 1.A. PARAGRAPH 15 REQUIRED NUMEROUS CHANGES; THEREFORE, IT IS BEING REPUBLISHED IN ITS ENTIRETY.
 1.B. PARAGRAPH 15 OF REF A HAS BEEN TOTALLY REWRITTEN AS FOLLOWS:
15.A. DEFINITIONS.
15.A.1. DEPLOYMENT. FOR MEDICAL PURPOSES, THE DEFINITION OF DEPLOYMENT IS TRAVEL TO OR THROUGH THE USCENTCOM AREA OF RESPONSIBILITY (AOR), WITH TIME IN COUNTRY (BOOTS ON GROUND) FOR A PERIOD OF GREATER THAN 30 DAYS IAW REF C.
15.A.2. TEMPORARY DUTY (TDY). MISSIONS WITH TIME IN COUNTRY (BOOTS ON GROUND) OF 30 DAYS OR LESS,
15.A.3. PERMANENT CHANGE OF STATION (PCS). PCS PERSONNEL (E.G. EMBASSY PERSONNEL AND DEPENDENTS) WILL COORDINATE WITH THEIR RESPECTIVE COMPONENT

MEDICAL PERSONNEL AND COMPLY WITH THE MEDICAL DEPLOYABILITY GUIDANCE IN PARAGRAPH 15.C. AND IMMUNIZATION REQUIREMENTS IN PARAGRAPH 15.F. THE EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP) APPLIES AND REQUIRES A WAIVER FROM THE COMPONENT SURGEON.

15.B. APPLICABILITY. THIS MOD APPLIES TO MILITARY PERSONNEL, DOD CIVILIANS, DOD CONTRACTORS, DEPENDENTS AND VOLUNTEERS TRAVELING OR DEPLOYING TO THE CENTCOM AOR.

15.C. MEDICAL DEPLOYABILITY. DEPLOYED HEALTH SERVICE SUPPORT INFRASTRUCTURE PROVIDES ONLY LIMITED MEDICAL CARE. THERE ARE LIMITED FIXED FACILITIES (DHP-FUNDED) IN THE AOR. ALL PERSONNEL (MILITARY, CIVILIAN AND CONTRACTOR) SHOULD BE MEDICALLY EVALUATED AND IF DEEMED UNABLE TO COMPLY WITH CENTCOM DEPLOYMENT REQUIREMENTS ON A CONTINUING BASIS, DISQUALIFIED FOR DEPLOYMENT IAW SERVICE POLICY AND MOD 10. PERSONNEL FOUND NON-DEPLOYABLE WHILE OUTSIDE OF THE CENTCOM AOR WILL NOT ENTER OR RE-ENTER THE THEATER. FOR EXAMPLE, A SERVICE MEMBER WHO BECOMES MEDICALLY NON-DEPLOYABLE WHILE IN ANY LEAVE STATUS WILL NOT RE-ENTER THE AOR UNTIL THE NON-DEPLOYABLE CONDITION IS CLEARED OR A WAIVER FOR THE NON-DEPLOYABLE CONDITION IS APPROVED. SEE REF D, E, F, G AND H.

15.C.1. RESPONSIBILITY. DEPLOYMENT ELIGIBILITY DETERMINATION, IAW MOD 10 AND SERVICE STANDARDS, LIES WITH THE CLINICIAN PROVIDERS ASSIGNED TO THE MEDICAL SECTION OF THE DEPLOYMENT SCREENING SITE. DEPLOYING PERSONNEL WITH POTENTIALLY DISQUALIFYING MEDICAL CONDITIONS MAY NEED TO BE EVALUATED BY A DOCTORAL LEVEL SPECIALIST TO ASSIST IN THE DETERMINATION OF ELIGIBILITY.

15.C.2. MEDICAL FITNESS.

15.C.2.A. UNFIT PERSONNEL. CASES OF IN-THEATER/DEPLOYED PERSONNEL IDENTIFIED AS UNFIT IAW THIS MOD 10, DUE TO CONDITIONS THAT EXISTED PRIOR TO DEPLOYMENT, WILL BE FORWARDED TO THE COMPONENT SURGEON (THE APPROPRIATE SURGEON WHO WOULD HAVE RECEIVED A WAIVER REQUEST HAD ONE BEEN SUBMITTED) FOR INVESTIGATION AND POTENTIAL REDEPLOYMENT DETERMINATION. FINDINGS/ACTIONS WILL BE FORWARDED NO LESS THAN MONTHLY TO THE CENTCOM SURGEON AT EMAIL: CCSG-WAIVER@CENTCOM.MIL. COMPLY WITH RME REPORTING CRITERIA AS REQUIRED. SEE REF I.

15.C.2.B. ALL PERSONNEL (UNIFORMED SERVICE MEMBERS, GOVERNMENT CIVILIAN EMPLOYEES, VOLUNTEERS, AND DOD CONTRACTOR EMPLOYEES) TRAVELING TO THEATER MUST BE MEDICALLY (TO INCLUDE DENTAL) AND PSYCHOLOGICALLY FIT FOR DEPLOYMENT. FITNESS INCLUDES, BUT IS NOT LIMITED TO, THE ABILITY TO ACCOMPLISH THE TASKS AND DUTIES UNIQUE TO A PARTICULAR OPERATION, AND ABILITY TO TOLERATE THE ENVIRONMENTAL AND OPERATIONAL CONDITIONS OF THE DEPLOYED LOCATION, INCLUDING WEAR OF PROTECTIVE EQUIPMENT AND USE OF REQUIRED PROPHYLACTIC MEDICATIONS.

SEE TAB A AND REF D, J, K AND L FOR FURTHER GUIDANCE.

15.C.2.C. SPECIALIZED GOVERNMENT CIVILIAN EMPLOYEES WHO MUST MEET SPECIFIC PHYSICAL STANDARDS (E.G., FIREFIGHTERS, SECURITY GUARDS AND POLICE, AVIATORS, AVIATION CREW MEMBERS AND AIR TRAFFIC CONTROLLERS, DIVERS, MARINE CRAFT OPERATORS AND COMMERCIAL DRIVERS) MUST MEET THOSE STANDARDS WITHOUT WAIVER OR EXCEPTION, IN ADDITION TO BEING FOUND FIT FOR THE SPECIFIC DEPLOYMENT BY A MEDICAL AND DENTAL EVALUATION PRIOR TO DEPLOYMENT.

15.C.2.D. OTHER GOVERNMENT CIVILIAN EMPLOYEES AND VOLUNTEERS. MUST BE FOUND FIT FOR DUTY AND FIT FOR THE SPECIFIC DEPLOYMENT WITHOUT LIMITATIONS OR NEED FOR ACCOMMODATION BY A MEDICAL AND DENTAL EVALUATION IAW SERVICE OR DOD REGULATION PRIOR TO DEPLOYMENT. CIVILIAN PERSONNEL, WHO DEPLOY FOR MULTIPLE TOURS, FOR MORE THAN 12 MONTHS TOTAL, MUST BE RE-EVALUATED FOR FITNESS TO DEPLOY. **AN EXAMINATION WILL REMAIN VALID FOR 15 MONTHS FROM THE DATE OF THE PHYSICAL.** MINIMUM STANDARDS INCLUDE ABILITY TO WEAR RESPIRATORY PROTECTIVE EQUIPMENT AND OTHER CHEMICAL/BIOLOGICAL PERSONAL PROTECTIVE EQUIPMENT. **SEE TAB A AND REF L AND M FOR FURTHER GUIDANCE.**

15.C.2.E. DOD CONTRACTOR EMPLOYEES. MUST BE DOCUMENTED TO BE FIT FOR THE

PERFORMANCE OF THEIR DUTIES WITHOUT LIMITATIONS OR NEED FOR ACCOMMODATION BY A MEDICAL AND DENTAL EVALUATION PRIOR TO DEPLOYMENT. COMPLY WITH REF V AND SPECIFICALLY ENCLOSURE 3 FOR MEDICAL REQUIREMENTS. ENSURE COMPLIANCE WITH IMMUNIZATION, DNA AND PANOGRAPH REQUIREMENTS. CONTRACTOR PERSONNEL, WHO DEPLOY FOR MULTIPLE TOURS, FOR MORE THAN 12 MONTHS TOTAL, MUST BE RE-EVALUATED FOR FITNESS TO DEPLOY. **AN EXAMINATION WILL REMAIN VALID FOR 15 MONTHS FROM THE DATE OF THE PHYSICAL.** MINIMUM STANDARDS INCLUDE ABILITY TO WEAR RESPIRATORY PROTECTIVE EQUIPMENT AND OTHER CHEMICAL/BIOLOGICAL PERSONAL PROTECTIVE EQUIPMENT. PREDEPLOYMENT AND/OR TRAVEL MEDICINE SERVICES FOR CONTRACTOR EMPLOYEES, INCLUDING IMMUNIZATIONS AND EVALUATION OF FITNESS ARE THE RESPONSIBILITY OF THE CONTRACTOR. CONTRACTORS MUST MEET THE SAME STANDARDS OF FITNESS AS OTHER MILITARY AND DOD CIVILIAN PERSONNEL; QUESTIONS SHOULD BE SUBMITTED TO THE SUPPORTED COMMAND'S MEDICAL AUTHORITY. **SEE TAB A AND REF J FOR FURTHER GUIDANCE.**

15.C.2.E.1. CONTRACTOR EXPENSE. IAW REF J, CONTRACTORS WILL PROVIDE THE MEDICAL AND DENTAL EVALUATIONS. THE REQUIRED IMMUNIZATIONS OUTLINED IN THE FOREIGN CLEARANCE GUIDE ([HTTPS://WWW.FCG.PENTAGON.MIL](https://www.fcg.pentagon.mil)) FOR THE COUNTRIES TO BE VISITED, AS WELL AS THOSE OUTLINED IN PARAGRAPH 15.F.2. OF THIS MOD, WILL BE GIVEN AT CONTRACTOR EXPENSE. A DISQUALIFYING MEDICAL CONDITION AS DETERMINED BY AN IN-THEATER COMPETENT MEDICAL AUTHORITY WILL BE IMMEDIATELY REPORTED TO THE CONTRACTOR EMPLOYEE'S CONTRACTING OFFICER WITH A RECOMMENDATION THAT THE CONTRACTOR BE IMMEDIATELY REDEPLOYED AND REPLACED AT CONTRACTOR EXPENSE.

15.C.2.E.2. MILITARY EXPENSE. THE MILITARY WILL PROVIDE THEATER SPECIFIC ANTHRAX AND SMALLPOX VACCINES. SEE REF C, J AND N.

15.C.2.F. WOMEN'S HEALTH. THERE IS LIMITED WOMEN'S HEALTH SUPPORT THROUGHOUT THE THEATER. PRE-DEPLOYMENT PAP SMEARS, MAMMOGRAMS, CONTRACEPTIVE COUNSELING AND PRESCRIPTION MANAGEMENT SHOULD BE RECENT ENOUGH SO AS TO REMAIN CURRENT THROUGH THE DEPLOYMENT PERIOD. FOR SERVICEMEMBERS, COMPLY WITH SERVICE-SPECIFIC GUIDELINES.

15.C.2.F.1. WOMEN WHO ARE NOT SERVICEMEMBERS MUST HAVE A WOMEN'S HEALTH EVALUATION WITHIN THE GUIDELINES SPECIFIED BY THE AMERICAN SOCIETY FOR COLPOSCOPY AND CERVICAL PATHOLOGY (ASCCP) AND THE U.S. PREVENTIVE SERVICES TASK FORCE. FURTHER EVALUATION OF ABNORMAL PAP SMEARS SHOULD BE IAW CURRENT ASCCP GUIDELINES. WOMEN REQUIRING FURTHER EVALUATION AND/OR TREATMENT DURING THE ANTICIPATED DEPLOYMENT WILL BE CONSIDERED NON-DEPLOYABLE. QUESTIONS REGARDING FURTHER EVALUATION AND/OR DEPLOYABILITY DETERMINATION SHOULD BE REFERRED TO THE SUPPORTED COMMAND'S COMPONENT SURGEON (I.E. THE SURGEON TO WHOM A WAIVER REQUEST WOULD BE SUBMITTED).

15.C.2.F.1.A. NON-SERVICEMEMBER WOMEN MUST HAVE A DOCUMENTED PAP SMEAR WITHIN 1 YEAR OF DEPLOYMENT, UNLESS THEY MEET ONE OF THE FOLLOWING CRITERIA:

15.C.2.F.1.A.1. THEY ARE 30 YEARS OF AGE OR OLDER WITH NO HISTORY OF DYSPLASIA AND HAVE HAD THREE CONSECUTIVE NORMAL PAP SMEARS. THESE WOMEN MUST HAVE HAD A PAP SMEAR WITHIN 2 YEARS OF DEPLOYMENT.

15.C.2.F.1.A.2. THEY HAVE HAD A TOTAL HYSTERECTOMY (I.E. CONFIRMED ABSENCE OF A CERVIX) FOR BENIGN DISEASE (E.G., NO EVIDENCE OF CERVICAL NEOPLASIA OR CANCER). THESE WOMEN ARE PERMANENTLY EXEMPT FROM THE PAP SMEAR REQUIREMENT.

15.C.2.F.1.B. NON-SERVICEMEMBER WOMEN \geq 50 YEARS OF AGE MUST HAVE A DOCUMENTED MAMMOGRAM WITHIN 1 YEAR OF DEPLOYMENT.

15.C.2.G. HOST NATION (HN) AND THIRD COUNTRY NATIONAL (TCN) EMPLOYEES. MINIMUM SCREENING REQUIREMENTS FOR HN AND TCN EMPLOYEES FOLLOW.

15.C.2.G.1. ALL CONTRACTORS ARE RESPONSIBLE TO PROVIDE THE APPROPRIATE LEVEL OF MEDICAL SCREENING FOR THEIR EMPLOYEES BASED ON THE JOB THEY ARE HIRED TO PERFORM. THE SCREENING MUST BE COMPLETED BY A LICENSED MEDICAL PROVIDER AND A COPY OF THE COMPLETED MEDICAL SCREENING DOCUMENTATION MUST BE MAINTAINED BY

THE CONTRACTOR. SUCH DOCUMENTATION MAY BE REQUESTED BY BASE OPERATIONS CENTER PERSONNEL PRIOR TO ISSUANCE OF ACCESS BADGES AS WELL AS BY MEDICAL PERSONNEL FOR COMPLIANCE REVIEWS. PRE-EMPLOYMENT MEDICAL SCREENING OF HN AND TCN EMPLOYEES IS NOT TO BE PERFORMED IN MTFs.

15.C.2.G.2. ALL HN AND TCN EMPLOYEES WHOSE JOB REQUIRES CLOSE OR FREQUENT CONTACT WITH NON-HN/TCN PERSONNEL (E.G., DINING FACILITY WORKERS, SECURITY PERSONNEL, ETC.) MUST BE SCREENED FOR TUBERCULOSIS (TB) USING A CHEST X-RAY. ONLY CLOSE CONTACTS OF AN ACTIVE TB CASE REQUIRE A TUBERCULIN SKIN TEST (TST) AS DISCUSSED IN SECTION 15.G.6. SPECIFIC QUESTIONS REGARDING WHICH HN/TCN PERSONNEL REQUIRE SCREENING PRIOR TO EMPLOYMENT SHOULD BE REFERRED TO LOCAL PREVENTIVE MEDICINE / FORCE HEALTH PROTECTION PERSONNEL.

15.C.2.G.3. HN AND TCN EMPLOYEES INVOLVED IN FOOD SERVICE, WATER AND ICE PRODUCTION MUST BE SCREENED FOR SIGNS AND SYMPTOMS OF INFECTIOUS DISEASES. CONTRACTORS MUST ENSURE EMPLOYEES RECEIVE TYPHOID AND HEPATITIS A VACCINATIONS AND THIS INFORMATION MUST BE DOCUMENTED IN THE EMPLOYEES MEDICAL RECORD / SCREENING DOCUMENTATION.

15.C.3. MEDICAL WAIVERS.

15.C.3.A. MEDICAL WAIVER APPROVAL AUTHORITY.

15.C.3.A.1. MEDICAL WAIVER APPROVAL AUTHORITY LIES AT THE COMBATANT COMMAND SURGEON LEVEL IAW REF O.

15.C.3.A.2. DELEGATION TO COMPONENTS. WAIVER AUTHORITY IS DELEGATED TO THE USCENTCOM COMPONENT SURGEONS FOR ALL DEPLOYING PERSONNEL WITHIN THEIR RESPECTIVE COMPONENT FOR ALL NON-BEHAVIORAL HEALTH CONDITIONS. (E.G., ARMY, ARMY COMPONENT AGENCIES, AND ARMY CONTRACTORS WILL FIRST CONSULT WITH THE ARCENT SURGEON; AF WITH THE AFCENT SURGEON, ETC. ALSO, WAIVERS FOR SPECIAL OPERATIONS PERSONNEL DEPLOYING WITH A SOCCENT UNIT SHOULD BE SENT TO THE SOCCENT SURGEON). THE CENTCOM SURGEON REMAINS THE APPROVAL AUTHORITY FOR ALL BEHAVIORAL HEALTH WAIVER REQUESTS. IF THE SERVICE WISHES TO DEPLOY A MEMBER WHO IS DETERMINED TO BE NOT FIT FOR DEPLOYMENT, THE SERVICE MUST OBTAIN A WAIVER FROM THE CENTCOM COMMAND SURGEON OR CENTCOM COMPONENT SURGEON AS OUTLINED ABOVE. SENDING UNIT COMMANDERS MUST OBTAIN A MEDICAL WAIVER AND ARE NOT AUTHORIZED TO OVERRIDE THE LOCAL MEDICAL DEPLOYABILITY DETERMINATION. UNLIKE THE MILITARY PROFILE SYSTEM, UNIT COMMANDERS CANNOT OVERRIDE THE DEPLOYABILITY WAIVER AUTHORITY.

15.C.3.A.3. WHILE AN INDIVIDUAL MAY BE DENIED DEPLOYMENT BY THE LOCAL MEDICAL AUTHORITY OR CHAIN OF COMMAND, AUTHORITY TO APPROVE DEPLOYMENT WITH MEDICAL CONDITIONS OUTLINED IN THIS MODIFICATION AND THE ACCOMPANYING AMPLIFICATION LIES SOLELY WITH THE CENTCOM SURGEON AND THE CENTCOM SERVICE COMPONENT SURGEONS WHO HAVE BEEN DELEGATED THIS AUTHORITY BY THE CENTCOM SURGEON. THEREFORE, IF THE LOCAL COMMAND APPROVES A WAIVER TO DEPLOY WITH A NON-DEPLOYABLE CONDITION AS OUTLINED IN THIS MODIFICATION AND AMPLIFICATION, A WAIVER REQUEST MUST STILL BE SUBMITTED TO, AND APPROVED BY, THE APPROPRIATE CENTCOM WAIVER AUTHORITY BEFORE THAT SERVICEMEMBER IS DEPLOYABLE.

15.C.3.A.4. ALL ADJUDICATING SURGEONS WILL MAINTAIN A WAIVER DATABASE AND RECORD ALL WAIVER REQUESTS.

15.C.3.A.5. THE ADJUDICATING SURGEON MAY CONSIDER CONSULTING THE RECEIVING MEDICAL AUTHORITY WITH ANY QUESTIONS REGARDING THE DEPLOYABILITY OF THE PATIENT. THE COMPONENT SURGEON WILL RETURN THE SIGNED WAIVER FORM TO THE REQUEST ORIGINATOR FOR INCLUSION IN THE PATIENT'S DEPLOYMENT MEDICAL RECORD AND THE ELECTRONIC MEDICAL RECORD (EMR).

15.C.3.B. WAIVER PROCESS. IF A MEDICAL WAIVER IS DESIRED, LOCAL MEDICAL PERSONNEL WILL INFORM THE NON-DEPLOYABLE INDIVIDUAL AND THE UNIT COMMAND ABOUT THE WAIVER PROCESS.

15.C.3.B.1. LOCAL MEDICAL PROVIDERS WILL FORWARD A MEDICAL WAIVER REQUEST FORM

(TAB B), OR LIKE DOCUMENT, AT THE REQUEST OF THE PATIENT'S COMMANDER/SUPERVISOR OR REPRESENTATIVE. THE MEDICAL WAIVER WILL BE SENT TO AND ADJUDICATED BY THE APPROPRIATE SURGEON IAW PARAGRAPH 15.C.4.F.

15.C.3.B.2. DOCUMENTED DISAPPROVALS FOR VALID CONDITIONS ARE NECESSARY AND SHOULD NOT BE GIVEN TELEPHONICALLY.

15.C.3.B.3. A CENTCOM WAIVER DOES NOT PRECLUDE THE NEED FOR A PSYCHOTROPIC MEDICATION SMALL ARMS WAIVER IAW SERVICE POLICY (E.G., US NAVY SMALL ARMS WAIVER).

15.C.3.B.4. WAIVERS FOR NON-SERVICE AFFILIATED PERSONNEL. THE CENTCOM SURGEON IS THE WAIVER AUTHORITY FOR ORGANIZATIONS SUCH AS DEFENSE INTELLIGENCE AGENCY AND AMERICAN RED CROSS, ETC, WHO ARE NOT DIRECTLY ASSOCIATED WITH A PARTICULAR CENTCOM COMPONENT.

15.C.3.B.5. APPEAL PROCESS. IF THE SENDING UNIT DISAGREES WITH THE COMPONENT SURGEON'S DECISION, AN APPEAL MAY BE SUBMITTED TO THE CENTCOM SURGEON. IF THE DISAGREEMENT IS WITH THE CENTCOM SURGEON'S DECISION, AN APPEAL MAY BE SUBMITTED THROUGH THE CHAIN OF COMMAND TO THE CENTCOM CHIEF OF STAFF.

15.C.3.C. CONTACTS FOR WAIVERS

15.C.3.C.1. CENTCOM SURGEON. CCSG-WAIVER@CENTCOM.MIL;

CML: 813.827.6397; DSN: 312.651.6397

15.C.3.C.2. AFCENT SURGEON. USAFCENTSG.ORGBOX@SHAW.AF.MIL;

CML: 813.895.4373; DSN: 312.965.4373 / 4380

15.C.3.C.3. ARCENT SURGEON. ARCENT-WAIVER@ARCENT.ARMY.MIL;

CML: 404.464.3378; DSN: 312.367.3367 / 3378

15.C.3.C.4. MARCENT SURGEON. MARCENTFSURG@MARCENT.USMC.MIL;

CML: 813.827.7175; DSN: 312.651.7175

15.C.3.C.5. NAVCENT SURGEON. CUSNC.MEDWAIVERS@ME.NAVY.MIL;

CML: 011.973.1785.4032; DSN: 318.439.4032

15.C.3.C.6. SOCCENT SURGEON. CFSOCCGMEDOP@CFSOCC.SOCCENT.CENTCOM.MIL;

CML: 813.828.4351; DSN: 312.968.4351

15.D. PHARMACY.

15.D.1. SUPPLY. PERSONNEL WHO REQUIRE MEDICATION AND WHO ARE DEPLOYING FOR A YEAR WILL DEPLOY WITH NO LESS THAN A 180 DAY SUPPLY OF THEIR MAINTENANCE MEDICATIONS WITH ARRANGEMENTS TO OBTAIN A 180 DAY SUPPLY FOLLOW-ON REFILL PRESCRIPTION. TRICARE ELIGIBLE PERSONNEL WILL HAVE A FOLLOW-ON REFILL PRESCRIPTION ENTERED INTO THE MAIL ORDER PHARMACY PER THE DEPLOYMENT PRESCRIPTION PROGRAM IAW REF Q. PERSONNEL DEPLOYING FOR LESS THAN A YEAR WILL DEPLOY WITH NO LESS THAN A 180 DAY SUPPLY, OR A SUFFICIENT SUPPLY TO COVER THE ENTIRE DEPLOYMENT, OR FOLLOW SERVICE SPECIFIC GUIDANCE.

15.D.2. EXCEPTIONS. EXCEPTIONS TO THE 180 DAY PRESCRIPTION QUANTITY REQUIREMENT INCLUDE:

15.D.2.A. PERSONNEL REQUIRING MALARIA CHEMOPROPHYLACTIC MEDICATIONS (E.G. DOXYCYCLINE, MEFLUQUINE, ETC.) WILL DEPLOY WITH ENOUGH MEDICATION FOR THEIR ENTIRE DEPLOYMENT. THE DEPLOYMENT PERIOD SHOULD BE CONSIDERED TO INCLUDE AN ADDITIONAL 4 WEEKS OF NECESSARY TERMINAL PROPHYLAXIS WITH THE PRIMARY AGENT USED.

15.D.2.B. PSYCHOTROPIC MEDICATION (EXCEPT CII) AND ALL CIII-V CONTROLLED SUBSTANCE PRESCRIPTIONS MAY BE DISPENSED FOR UP TO A 180 DAY SUPPLY WITH NO REFILL.

15.D.2.B.1. IF REQUIRED, THE PROVIDER MAY PRESCRIBE A LIMITED QUANTITY (I.E. AT LEAST A 90 DAY SUPPLY) WITH NO REFILLS TO FACILITATE CLINICAL FOLLOW-UP IN THEATER.

15.D.2.B.2. PSYCHOTROPIC MEDICATIONS INCLUDE, BUT ARE NOT LIMITED TO, CONTROLLED AND NON-CONTROLLED SUBSTANCE ANTI-DEPRESSANTS, ANTI-ANXIETY, QUETIAPINE (SEROQUEL) FOR SLEEP, CII AND NON-CII STIMULANTS, ANTI-SEIZURE MEDICATIONS USED FOR MOOD DISORDERS, AND BENZODIAZEPINE AND NON-BENZODIAZEPINE SEDATIVE-HYPNOTIC MEDICATIONS. THIS TERM ALSO ENCOMPASSES THE GENERIC EQUIVALENTS OF THE ABOVE

MEDICATION CATEGORIES WHEN USED FOR NON-PSYCHOTROPIC INDICATIONS.

15.D.2.C. ALL CII CONTROLLED SUBSTANCES (TO INCLUDE CII PSYCHOTROPIC MEDICATIONS) QUANTITIES ARE LIMITED TO A 90 DAY SUPPLY WITH NO REFILLS. CLINICAL FOLLOW-UP IN THEATER SHOULD BE SOUGHT AT THE EARLIEST OPPORTUNITY TO OBTAIN MEDICATION REFILLS.

15.D.3. PRESCRIPTION MEDICATION ANALYSIS AND REPORTING TOOL (PMART). SOLDIER READINESS PROCESSING (SRP) AND OTHER DEPLOYMENT PLATFORM PROVIDER/PHARMACY AND UNIT MEDICAL OFFICER PERSONNEL WILL MAXIMIZE THE USE OF THE PRESCRIPTION MEDICATION ANALYSIS AND REPORTING TOOL (PMART) TO SCREEN DEPLOYING PERSONNEL FOR HIGH-RISK MEDICATIONS, IDENTIFY MEDICATIONS NOT AVAILABLE ON THE CENTCOM FORMULARY, AND OVER-THE-COUNTER AND TEMPERATURE-SENSITIVE MEDICATIONS NOT AVAILABLE THROUGH THE MAIL ORDER PHARMACY. CONTACT THE DOD PHARMACY OPERATIONS CENTER AT 1.866.275.4732 OR P-MART@AMEDD.ARMY.MIL FOR INFORMATION ON HOW TO OBTAIN A PMART REPORT. INFORMATION REGARDING PMART AS WELL AS THE CENTCOM FORMULARY CAN BE FOUND AT THE DOD PHARMACOECONOMIC CENTER WEBSITE AT: [HTTP://PEC.HA.OSD.MIL/PMART/DEFAULT.PHP](http://PEC.HA.OSD.MIL/PMART/DEFAULT.PHP). SEE REF R.

15.D.4. TRICARE MAIL ORDER PHARMACY (MOP). PERSONNEL REQUIRING ONGOING PHARMACOTHERAPY WILL MAXIMIZE USE OF THE MAIL-ORDER PHARMACY (MOP) SYSTEM (TO INCLUDE MEDICATIONS LISTED IN 15.D.2.B AND 15.D.2.C) WHEN POSSIBLE. THOSE ELIGIBLE FOR MOP WILL COMPLETE ON-LINE ENROLLMENT AND REGISTRATION PRIOR TO DEPLOYMENT TO THE MAXIMUM EXTENT POSSIBLE.

15.E. MEDICAL EQUIPMENT.

15.E.1. PERMITTED EQUIPMENT. PERSONNEL WHO REQUIRE MEDICAL EQUIPMENT (E.G., CORRECTIVE EYEWEAR, HEARING AIDS, ORTHODONTIC EQUIPMENT) MUST DEPLOY WITH ALL REQUIRED ITEMS IN THEIR POSSESSION TO INCLUDE TWO PAIRS OF EYEGASSES, PROTECTIVE MASK EYEGASS INSERTS, BALLISTIC EYEWEAR INSERTS, AND HEARING AID BATTERIES. SEE REF C.

15.E.2. NON-PERMITTED EQUIPMENT. PERSONAL DURABLE MEDICAL EQUIPMENT (E.G., CPAP, TENS, ETC) IS NOT PERMITTED. MEDICAL MAINTENANCE, LOGISTICAL SUPPORT, AND INFECTION CONTROL PROTOCOLS FOR PERSONAL MEDICAL EQUIPMENT ARE NOT AVAILABLE AND ELECTRICITY IS OFTEN UNRELIABLE. A WAIVER FOR A MEDICAL CONDITION REQUIRING PERSONAL DURABLE MEDICAL EQUIPMENT WILL ALSO BE CONSIDERED APPLICABLE TO THE EQUIPMENT.

15.E.3. CONTACT LENSES.

15.E.3.A. ARMY, NAVY AND MARINE PERSONNEL WILL NOT DEPLOY WITH CONTACT LENSES EXCEPT IAW SERVICE POLICY.

15.E.3.B. AIR FORCE PERSONNEL (NON-AIRCREW) WILL NOT DEPLOY WITH CONTACT LENSES UNLESS WRITTEN AUTHORIZATION IS PROVIDED BY THE DEPLOYED UNIT COMMANDER. CONTACT LENSES ARE LIFE SUPPORT EQUIPMENT FOR USAF AIRCREWS AND THEREFORE ARE EXEMPT IAW SERVICE GUIDELINES. AIR FORCE PERSONNEL DEPLOYING WITH CONTACT LENSES MUST RECEIVE PRE-DEPLOYMENT EDUCATION IN THE SAFE WEAR AND MAINTENANCE OF CONTACT LENSES IN THE DEPLOYED ENVIRONMENT. THEY MUST ALSO DEPLOY WITH TWO PAIRS OF EYEGASSES AND A SUPPLY OF CONTACT LENS MAINTENANCE ITEMS (E.G. CLEANSING SOLUTION) ADEQUATE FOR THE DURATION OF THE DEPLOYMENT.

15.E.4. MEDICAL ALERT TAGS. DEPLOYING PERSONNEL REQUIRING MEDICAL ALERT TAGS (E.G. MEDICATION ALLERGIES, G6PD DEFICIENCY) WILL DEPLOY WITH RED MEDICAL ALERT TAGS WORN IN CONJUNCTION WITH THEIR PERSONAL IDENTIFICATION TAGS.

15.F. IMMUNIZATIONS.

15.F.1. ADMINISTRATION. ALL IMMUNIZATIONS WILL BE GIVEN IAW REF S. REFER TO THE MILITARY VACCINE AGENCY WEBSITE ([HTTP://WWW.VACCINES.MIL](http://www.vaccines.mil)).

15.F.2. REQUIREMENTS. ALL PERSONNEL (TO INCLUDE PCS PERSONNEL) TRAVELING FOR ANY PERIOD OF TIME TO THE THEATER WILL BE CURRENT WITH ACIP IMMUNIZATION GUIDELINES AND SERVICE IMR REQUIREMENTS. IN ADDITION, ALL TDY PERSONNEL MUST COMPLY WITH THE FOREIGN CLEARANCE GUIDE FOR THE COUNTRIES TO WHICH THEY ARE

TRAVELING. MANDATORY VACCINES FOR DOD PERSONNEL (MILITARY, CIVILIAN & CONTRACTORS) TRAVELING FOR ANY PERIOD OF TIME IN THEATER ARE:

15.F.2.A. TETANUS/DIPHTHERIA (ONE-TIME DOSE OF TDAP REQUIRED IF NOT PREVIOUSLY RECEIVED AND IF ≥ 5 YEARS SINCE LAST TETANUS BOOSTER).

15.F.2.B. VARICELLA. REQUIRED DOCUMENTATION OF ONE OF THE FOLLOWING: HISTORY OF DISEASE, SUFFICIENT VARICELLA TITER, OR ADMINISTRATION OF VACCINE. SEE REF II.

15.F.2.C. MEASLES / MUMPS / RUBELLA. IT IS TO BE ASSUMED THAT ALL POST-ACCESSION MILITARY PERSONNEL ARE IMMUNE TO THESE DISEASES AND DO NOT REQUIRE THE IMMUNIZATIONS. DOCUMENTATION OF IMMUNITY OR IMMUNIZATION REQUIRED FOR ALL CIVILIAN DEPLOYERS.

15.F.2.D. POLIO - IPV. SINGLE ADULT BOOSTER IS REQUIRED FOR TRAVEL TO AFGHANISTAN OR PAKISTAN. IT IS TO BE ASSUMED THAT ALL POST-ACCESSION MILITARY PERSONNEL ARE IMMUNE AND DO NOT REQUIRE THIS BOOSTER. DOCUMENTATION OF IMMUNITY OR IMMUNIZATION REQUIRED FOR ALL CIVILIAN DEPLOYERS.

15.F.2.E. SEASONAL INFLUENZA (INCLUDING EVENT-SPECIFIC INFLUENZA, E.G. H1N1).

15.F.2.F. HEPATITIS A.

15.F.2.G. HEPATITIS B.

15.F.2.H. TYPHOID. BOOSTER DOSE IF GREATER THAN TWO YEARS SINCE LAST VACCINATION WITH INACTIVATED / INJECTABLE VACCINE OR GREATER THAN FIVE YEARS SINCE RECEIPT OF LIVE / ORAL VACCINE.

15.F.3. ANTHRAX. ALL MEDICALLY ELIGIBLE PERSONNEL (I.E. WITHOUT A MEDICAL CONTRAINDICATION) TRAVELING IN THE CENTCOM THEATER FOR 15 DAYS OR MORE WILL COMPLY WITH THE DOD ANTHRAX REQUIREMENTS. SEE REF N, T, U AND V.

15.F.3.A. MILITARY PERSONNEL. REQUIRED.

15.F.3.B. DOD CIVILIANS: REQUIRED AT GOVERNMENT EXPENSE.

15.F.3.C. DOD CONTRACTORS: REQUIRED AT GOVERNMENT EXPENSE PER CONTRACT.

15.F.3.D. DEPENDENTS AND VOLUNTEERS: VOLUNTARY AT GOVERNMENT EXPENSE.

15.F.4. SMALLPOX. ALL MEDICALLY ELIGIBLE PERSONNEL IN THE CENTCOM THEATER FOR 15 DAYS OR MORE WILL COMPLY WITH THE DOD SMALLPOX REQUIREMENTS. WARNING: VARICELLA AND SMALLPOX VACCINATIONS MUST BE GIVEN 28 DAYS APART TO DIFFERENTIATE BETWEEN POTENTIAL ADVERSE EVENTS. SEE REF T, U AND W. ADDITIONAL INFORMATION AVAILABLE AT [HTTP://WWW.SMALLPOX.MIL](http://www.smallpox.mil).

15.F.4.A. MILITARY PERSONNEL. REQUIRED.

15.F.4.B. DOD CIVILIANS: REQUIRED.

15.F.4.C. DOD CONTRACTORS: REQUIRED AT GOVERNMENT EXPENSE PER CONTRACT.

15.F.4.D. DEPENDENTS AND VOLUNTEERS: VOLUNTARY AT GOVERNMENT EXPENSE.

15.F.4.E. MEDICAL TEMPORARY VACCINATION WAIVER. EVERY ATTEMPT WILL BE MADE TO ADMINISTER THE SMALLPOX VACCINATION PRIOR TO DEPLOYMENT WITHOUT INCREASING RISK TO PERSONNEL AND THEIR CLOSE CONTACTS. HOWEVER, PERSONNEL HAVING A CLOSE CONTACT WITH CONTRAINDICATIONS FOR THE SMALLPOX (VACCINIA) VACCINATION MAY BE GIVEN UP TO A 30 DAY MEDICAL TEMPORARY WAIVER FOR SMALLPOX VACCINATION AND WILL BE VACCINATED AT THE DEPLOYED LOCATION. **INCLUDE THE SMALLPOX SCREENING QUESTIONNAIRE AS PART OF THEIR DD FORM 2766, DEPLOYED MEDICAL RECORD AND EMR.**

15.F.5. EXCEPTIONS. REQUIRED IMMUNIZATIONS WILL BE ADMINISTERED PRIOR TO DEPLOYMENT, WITH THE FOLLOWING POSSIBLE EXCEPTIONS:

15.F.5.A. THE FIRST VACCINE IN A REQUIRED SERIES MUST BE ADMINISTERED PRIOR TO DEPLOYMENT WITH ARRANGEMENTS MADE FOR SUBSEQUENT IMMUNIZATIONS TO BE GIVEN IN THEATER.

15.F.5.B. IAW REF X, ANTHRAX AND SMALLPOX VACCINATIONS MAY BE ADMINISTERED UP TO 120 DAYS PRIOR TO DEPLOYMENT. IT IS HIGHLY ADVISABLE TO GET THE FIRST TWO ANTHRAX IMMUNIZATIONS OR SUBSEQUENT DOSE/BOOSTER PRIOR TO DEPLOYMENT IN ORDER TO AVOID UNNECESSARY STRAIN ON THE DEPLOYED HEALTHCARE SYSTEM.

15.G. MEDICAL / LABORATORY TESTING.

15.G.1. HIV TESTING. HIV LAB TESTING, WITH DOCUMENTED NEGATIVE RESULT, WILL BE

WITHIN 120 DAYS PRIOR TO DEPLOYMENT. IAW REF Y, HIV IS A NON-DEPLOYABLE CONDITION. **15.G.2. SERUM SAMPLE.** SAMPLE WILL BE TAKEN WITHIN THE PREVIOUS 365 DAYS. IF THE INDIVIDUAL'S HEALTH STATUS HAS RECENTLY CHANGED OR HAS HAD AN ALTERATION IN OCCUPATIONAL EXPOSURES THAT INCREASES HEALTH RISKS, A HEALTH CARE PROVIDER MAY CHOOSE TO HAVE A SPECIMEN DRAWN CLOSER TO THE ACTUAL DATE OF DEPLOYMENT. THIS CHANGE IS IAW REF Z.

15.G.3. G6PD TESTING. DOCUMENTATION OF ONE-TIME GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD) DEFICIENCY TESTING IS IAW REF AA. ENSURE RESULT IS IN MEDICAL RECORD OR DRAW PRIOR TO DEPARTURE. PRE-DEPLOYMENT MEDICAL SCREENERS WILL RECORD THE RESULT OF THIS TEST IN THE SERVICE MEMBER'S PERMANENT MEDICAL RECORD, DEPLOYMENT MEDICAL RECORD (DD FORM 2766) AND SERVICE SPECIFIC ELECTRONIC MEDICAL RECORD. (REF DODI 6465.1) IF AN INDIVIDUAL IS FOUND TO BE G6PD-DEFICIENT, THEY SHOULD BE ISSUED MEDICAL ALERT TAGS (RED DOG TAGS) THAT STATE "G6PD DEFICIENT: NO PRIMAQUINE". IF PRIMAQUINE IS GOING TO BE ISSUED TO A DOD CIVILIAN OR DOD CONTRACTOR, COMPLETE THE TESTING AT GOVERNMENT EXPENSE.

15.G.4. HCG. REQUIRED WITHIN 30 DAYS OF DEPLOYMENT FOR WOMEN WHO MIGHT BE PREGNANT. SUSPECTED PREGNANCY WILL BE RULED OUT PRIOR TO ANY IMMUNIZATION (EXCEPT INFLUENZA) AND MEDICAL CLEARANCE FOR DEPLOYMENT.

15.G.5. DNA SAMPLE. REQUIRED FOR ALL PERSONNEL, INCLUDING CIVILIANS AND CONTRACTORS. OBTAIN SAMPLE OR CONFIRM SAMPLE IS ON FILE BY CONTACTING THE DOD DNA SPECIMEN REPOSITORY (COMM: 301.319.0366, DSN: 285; FAX 301.319.0369); [HTTP://WWW.AFIP.ORG/CONSULTATION/AFMES/OPERATIONS/OPERATIONS.HTML](http://WWW.AFIP.ORG/CONSULTATION/AFMES/OPERATIONS/OPERATIONS.HTML). NOTE: WEB ADDRESS IS ALL LOWER CASE LETTERS EXCEPT 'AFMES'. SEE REF C AND BB.

15.G.6. TUBERCULOSIS (TB) TESTING.

15.G.6.A. TUBERCULOSIS TESTING WILL BE PERFORMED AND DOCUMENTED IAW SERVICE POLICY, PRIOR TO DEPLOYMENT. ONE PURPOSE OF SUCH TESTING IS TO RULE OUT ACTIVE AND/OR PREVIOUSLY UNIDENTIFIED LATENT TB IN ORDER TO ENSURE ADEQUATE TREATMENT. THE OTHER PURPOSE IS TO DOCUMENT A NEGATIVE TEST IN ORDER TO DETECT A SUBSEQUENT CONVERSION AT THE TIME OF POST-DEPLOYMENT TESTING, IF PERFORMED. ONE OF TWO TESTS MAY BE USED FOR TB SCREENING: A TUBERCULIN SKIN TEST (TST), OR INTERFERON-GAMMA RELEASE ASSAY (IGRA, I.E. QUANTIFERON GOLD).

15.G.6.B. TST CONVERTERS AND REACTORS WILL BE HANDLED IAW SERVICE POLICY AND CDC GUIDELINES FOR CONTROL OF TB. PERSONNEL WITH A POSITIVE TST OR IGRA TEST SHOULD RECEIVE A SYMPTOM QUESTIONNAIRE, EXPOSURE HISTORY AND CHEST X-RAY. U.S. FORCES AND DOD CIVILIANS WITH ACTIVE TB WILL BE EVACUATED FROM THEATER FOR DEFINITIVE TREATMENT. U.S. CONTRACTOR EMPLOYEES AND TCN EMPLOYEES WILL BE MEDICALLY EVACUATED AT CONTRACTOR EXPENSE TO THE COUNTRY OF ORIGIN FOR DEFINITIVE TREATMENT. HN EMPLOYEES WILL BE REFERRED TO THE NEAREST HN MEDICAL FACILITY FOR DEFINITIVE TREATMENT. THE DECISION TO TREAT NON-ACTIVE, LATENT TUBERCULOSIS INFECTION (LTBI) IN U.S. FORCES AND CIVILIANS IN THEATER VERSUS AFTER REDEPLOYMENT SHOULD INCLUDE CONSIDERATION OF THE FOLLOWING: TIME REMAINING IN DEPLOYMENT, AVAILABILITY OF MEDICAL PERSONNEL TRAINED IN LTBI TREATMENT, AVAILABILITY OF FOLLOW-UP DURING TREATMENT, AND AVAILABILITY OF MEDICATION.

15.G.6.C. UNIT-BASED / LARGE GROUP TB TESTING SHOULD NOT BE PERFORMED IN THE AOR. WHILE THE NEED MAY ARISE TO PERFORM SUCH TESTING FOR CLOSE CONTACTS OF KNOWN ACTIVE TB CASES, ROUTINE POST-DEPLOYMENT TB TESTING WILL BE DONE AFTER REDEPLOYMENT AT THE SRP SITE OR HOME STATION.

15.H. PREDEPLOYMENT: THERAPEUTIC/CHEMOPROPHYLACTIC REQUIREMENTS. ALL THERAPEUTIC/CHEMOPROPHYLACTIC MEDICATIONS, INCLUDING ANTIMALARIALS AND MEDICAL CBRN DEFENSE MATERIEL (MCDM) WILL BE PRESCRIBED IAW REF C, CC, DD AND EE.

15.H.1. MALARIA CHEMOPROPHYLACTIC REQUIREMENTS.

15.H.1.A. SCREENING FOR G6PD DEFICIENCY WILL BE PERFORMED PRIOR TO DEPLOYMENT AND ANNOTATED IN EITHER DD FORM 2766 OR THE SERVICE SPECIFIC IMMUNIZATION DATABASE. G6PD TEST RESULTS MUST BE REVIEWED PRIOR TO PRESCRIBING PRIMAQUINE,

IAW SERVICE POLICY.

15.H.1.B. ALL CHEMOPROPHYLACTIC AGENTS WILL BE USED IAW FDA GUIDELINES. DOXYCYCLINE WILL BE USED AS THE PRIMARY MALARIA CHEMOPROPHYLACTIC AGENT. IF THE INDIVIDUAL HAS A CONTRAINDICATION TO DOXYCYCLINE, AND DOES NOT HAVE ANY CONTRAINDICATION TO THE USE OF MEFLOQUINE, MEFLOQUINE MAY BE USED. IF THE INDIVIDUAL HAS A CONTRAINDICATION TO BOTH DOXYCYCLINE AND MEFLOQUINE, ATOVAQUONE/PROGUANIL (MALARONE®) MAY BE USED AS AN ALTERNATIVE. OTHER FDA APPROVED AGENTS MAY BE USED TO MEET SPECIFIC SITUATIONAL REQUIREMENTS.

15.H.1.C. INFORM PERSONNEL THAT MISSING ONE DOSE OF MEDICATION OR NOT USING THE DOD INSECT REPELLENT SYSTEM WILL PLACE THEM AT INCREASED RISK FOR MALARIA.

15.H.1.D. PERSONNEL SHOULD DEPLOY WITH THEIR ENTIRE COURSE OF MALARIA CHEMOPROPHYLAXIS IN HAND (EXCLUDING TERMINAL PRIMAQUINE). THIS COURSE INCLUDES: THE ENTIRE AT-RISK PERIOD (AS DEFINED IN SECTION 15.H.1.E.1); THE PRE-EXPOSURE PERIOD (E.G., 2 DAYS FOR DOXYCYCLINE AND MALARONE®, 2 WEEKS FOR MEFLOQUINE); AND THE TERMINAL PROPHYLAXIS PERIOD (E.G. 4 WEEKS FOR DOXYCYCLINE AND MEFLOQUINE, 1 WEEK FOR MALARONE®).

15.H.1.E. ISSUE CHEMOPROPHYLACTIC AGENTS PREDEPLOYMENT FOR THE COUNTRIES NOTED BELOW FOR ANY TRAVEL/DEPLOYMENT LENGTH. JTF SURGEONS MAY ALTER REQUIREMENTS ONCE PERSONNEL ARE DEPLOYED. IN THE ABSENCE OF A RISK ASSESSMENT CONDUCTED IAW GUIDANCE PROVIDED IN PARAGRAPH 15.L.1.A., THE FOLLOWING COUNTRIES AND TIMEFRAMES REQUIRE CHEMOPROPHYLAXIS. THESE ARE MINIMUM REQUIREMENTS. CHEMOPROPHYLAXIS MAY BE INDICATED FOR SPECIFIC SITUATIONS IN OTHER AOR COUNTRIES. CONSULT THE NATIONAL CENTER FOR MEDICAL INTELLIGENCE (NCMI) MALARIA RISK MAPS, AS OUTLINED IN PARAGRAPH 15.L.1.A., FOR FURTHER INFORMATION. TERMINAL CHEMOPROPHYLAXIS WITH PRIMAQUINE WILL NOT BE CONDUCTED IN THEATER, BUT RATHER ONLY AFTER REDEPLOYMENT IAW 15.L.1.A.9.

15.H.1.E.1. AFGHANISTAN: YEAR ROUND.

15.H.1.E.1.A. IF TRAVEL/DEPLOYMENT IS RESTRICTED TO ONLY THE MONTHS OF JANUARY AND FEBRUARY, CHEMOPROPHYLAXIS IS NOT REQUIRED. IF ANY PORTION OF THE TRAVEL/DEPLOYMENT IS OUTSIDE THIS TIMEFRAME, PRIMARY PROPHYLAXIS IS REQUIRED FOR THE ENTIRE TIME IN THEATER WITH TERMINAL PROPHYLAXIS UPON REDEPLOYMENT.

15.H.1.E.2. PAKISTAN: YEAR ROUND.

15.H.1.E.3. TAJIKISTAN: MAY THROUGH OCTOBER.

15.H.1.E.4. YEMEN: YEAR ROUND.

15.H.2. MEDICAL CBRN DEFENSE MATERIEL (MCDM) ITEMS.

15.H.2.A. TO PROTECT AGAINST CBRN THREATS WITHIN THE AOR, DEPLOYING UNITS WILL ENSURE THE AVAILABILITY OF THE FOLLOWING TYPES AND QUANTITIES OF MCDM ITEMS:

15.H.2.A.1. ANTIDOTE TREATMENT NERVE AGENT AUTOINJECTOR (ATNAA) (6505-01-362-7427); THREE EACH PER DEPLOYING INDIVIDUAL.

15.H.2.A.2. DIAZEPAM INJECTION (CONVULSANT ANTIDOTE NERVE AGENT - CANA) (6505-01-274-0951); ONE EACH PER DEPLOYING INDIVIDUAL.

15.H.2.A.3. M291A SKIN DECONTAMINATION KIT OR REACTIVE SKIN DECONTAMINATION LOTION (RSDL). ONE M291A KIT OR ONE POUCH CONTAINING 3 PACKETS OF RSDL PER DEPLOYING INDIVIDUAL.

15.H.2.A.4. UNITS WILL HAVE AVAILABLE EITHER CIPROFLOXIN 500MG TABS OR DOXYCYCLINE 100MG TABS; SIX EACH PER DEPLOYING INDIVIDUAL OF EITHER MEDICATION (REGARDLESS OF CHOICE, ENSURE ADEQUATE SUPPLY OF SECOND MEDICATION TO ACCOMMODATE INTOLERANCE TO THE DRUG OF FIRST CHOICE). THIS COVERS AN INITIAL DOSAGE TO SUPPORT PROPHYLAXIS AND/OR TREATMENT FOR THREE DAYS PER INDIVIDUAL.

15.H.2.B. INDIVIDUAL DEPLOYERS RECEIVING MCDM ITEMS DURING PRE-DEPLOYMENT PROCESSING WILL TURN IN THESE ITEMS TO THEIR UNIT UPON ARRIVAL IN THE AOR.

15.I. HEALTH ASSESSMENTS.

15.I.1. HEALTH ASSESSMENTS AND EXAMS. PERIODIC HEALTH ASSESSMENTS AND SPECIAL DUTY EXAMS MUST BE CURRENT FOR THE DURATION OF TRAVEL OR DEPLOYMENT PERIOD

IAW SERVICE POLICY. SEE REF C.

15.I.2. PRE-DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2795).

15.I.2.A. ALL DOD PERSONNEL (MILITARY, CIVILIAN, CONTRACTOR) TRAVELING TO THE THEATER FOR MORE THAN 30 DAYS WILL UNDERGO A PRE-DEPLOYMENT HEALTH ASSESSMENT WITHIN 60 DAYS OF THE EXPECTED DEPLOYMENT DATE. THIS ASSESSMENT WILL BE COMPLETED ON A DD FORM 2795 IAW DODI 6490.03.

15.I.2.A.1. PERSONNEL TRAVELING TO THE THEATER FOR 15 OR MORE DAYS ARE ENCOURAGED TO COMPLETE A PRE-DEPLOYMENT HEALTH ASSESSMENT IN ORDER TO DOCUMENT THEIR HEALTH STATUS AND ADDRESS ANY HEALTH CONCERNS PRIOR TO TRAVEL TO THEATER. THIS IS ESPECIALLY RELEVANT TO THOSE WHOSE POSITION REQUIRES FREQUENT TRAVEL TO THE AOR. THESE INDIVIDUALS ARE ENCOURAGED TO COMPLETE AT LEAST ONE PRE-DEPLOYMENT HEALTH ASSESSMENT EACH YEAR, ALONG WITH A CORRESPONDING POST-DEPLOYMENT HEALTH ASSESSMENT FOR THE SAME YEAR.

15.I.2.B. FOLLOWING COMPLETION OF THE DD FORM 2795, A HEALTH CARE PROVIDER (NURSE, MEDICAL TECHNICIAN, MEDIC OR CORPSMAN) WILL IMMEDIATELY REVIEW IT. POSITIVE RESPONSES TO QUESTIONS 2,3,4,7 OR 8 REQUIRES REFERRAL TO AN INDEPENDENT PRACTITIONER (PHYSICIAN, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, ADVANCED PRACTICE NURSE, INDEPENDENT DUTY CORPSMAN, INDEPENDENT DUTY MEDICAL TECHNICIAN, OR SPECIAL FORCES MEDICAL SERGEANT).

15.I.2.C. THE COMPLETED ORIGINAL DD FORM 2795 WILL BE PLACED IN THE DEPLOYING PERSON'S PERMANENT MEDICAL RECORD, A PAPER COPY IN THE DEPLOYMENT MEDICAL RECORD (DD FORM 2766), AND TRANSMIT AN ELECTRONIC COPY TO THE DEPLOYMENT MEDICAL SURVEILLANCE SYSTEM (DMSS) AT THE ARMED FORCES HEALTH SURVEILLANCE CENTER (AFHSC).

15.I.3. AUTOMATED NEUROPSYCHOLOGICAL ASSESSMENT METRIC (ANAM).

ALL PERSONNEL WILL UNDERGO ANAM TESTING WITHIN 12 MONTHS PRIOR TO DEPLOYMENT IAW REF FF. ANAM TESTING WILL BE RECORDED IN APPROPRIATE SERVICE DATABASE AND ELECTRONIC MEDICAL RECORD.

15.I.4. POST-DEPLOYMENT HEALTH ASSESSMENT (DD FORM 2796).

15.I.4.A. ALL PERSONNEL WHO WERE REQUIRED TO COMPLETE A PRE-DEPLOYMENT HEALTH ASSESSMENT WILL COMPLETE A POST-DEPLOYMENT HEALTH ASSESSMENT ON A DD FORM 2796 AS CLOSE TO THE REDEPLOYMENT DATE AS POSSIBLE, BUT NOT EARLIER THAN 30 DAYS BEFORE EXPECTED REDEPLOYMENT DATE OR NO LATER THAN 30 DAYS AFTER REDEPLOYMENT.

15.I.4.A.1. INDIVIDUALS WHO WERE NOT REQUIRED TO COMPLETE A PRE-DEPLOYMENT HEALTH ASSESSMENT, BUT WHO COMPLETED ONE TO COVER MULTIPLE TRIPS TO THEATER EACH OF 30 DAYS OR LESS DURATION, SHOULD COMPLETE A POST-DEPLOYMENT HEALTH ASSESSMENT AT LEAST ONCE A YEAR TO DOCUMENT ANY POTENTIAL EXPOSURES OF CONCERN RESULTING FROM ANY SUCH TRAVEL AND THE POTENTIAL NEED FOR MEDICAL FOLLOW-UP.

15.I.4.B. ALL REDEPLOYING PERSONNEL WILL UNDERGO A FACE-TO-FACE HEALTH ASSESSMENT WITH AN INDEPENDENT PRACTITIONER (PHYSICIAN, PHYSICIAN ASSISTANT, NURSE PRACTITIONER, ADVANCED PRACTICE NURSE, INDEPENDENT DUTY CORPSMAN, INDEPENDENT DUTY MEDICAL TECHNICIAN, OR SPECIAL FORCES MEDICAL SERGEANT). THE ORIGINAL COMPLETED COPY OF THE DD FORM 2796 MUST BE PLACED IN THE INDIVIDUAL'S MEDICAL RECORD AND TRANSMIT AN ELECTRONIC COPY TO THE DMSS AT THE AFHSC.

15.I.5. POST-DEPLOYMENT HEALTH RE-ASSESSMENT (DD FORM 2900). ALL PERSONNEL WHO WERE REQUIRED TO COMPLETE A PRE- AND POST-DEPLOYMENT HEALTH ASSESSMENT WILL COMPLETE A POST-DEPLOYMENT HEALTH REASSESSMENT (DD FORM 2900) 90 TO 180 DAYS AFTER RETURN TO HOME STATION. SEE WWW.PDHEALTH.MIL FOR ADDITIONAL INFORMATION ON PRE- AND POST-DEPLOYMENT HEALTH ASSESSMENTS.

15.J. MEDICAL RECORD. SEE REF C.

15.J.1. DEPLOYED MEDICAL RECORD. THE DD FORM 2766, ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET, OR EQUIVALENT, WILL BE USED INSTEAD OF DEPLOYING AN INDIVIDUAL'S

ENTIRE MEDICAL RECORD.

15.J.1.A. DEPLOYMENT PERSONNEL (MORE THAN 30 DAYS). DD2766 IS REQUIRED.

15.J.1.B. TDY PERSONNEL (15 - 30 DAYS). DD FORM 2766 IS HIGHLY ENCOURAGED, ESPECIALLY FOR THOSE WHO TRAVEL FREQUENTLY TO THEATER, TO DOCUMENT THEATER-SPECIFIC VACCINES AND CHEMOPROPHYLAXIS, AS REQUIRED.

15.J.1.C. TDY PERSONNEL (LESS THAN 15 DAYS). DD2766 IS NOT REQUIRED.

15.J.1.D. PCS PERSONNEL. FOLLOW SERVICE GUIDELINES FOR MEDICAL RECORD MANAGEMENT.

15.J.2. MEDICAL INFORMATION. THE FOLLOWING HEALTH INFORMATION MUST BE PART OF AN ACCESSIBLE ELECTRONIC MEDICAL RECORD FOR ALL PERSONNEL (SERVICE MEMBERS, CIVILIANS AND CONTRACTORS), OR BE HAND-CARRIED AS PART OF A DEPLOYED MEDICAL RECORD:

15.J.2.A. ANNOTATION OF BLOOD TYPE AND RH FACTOR, G6PD, HIV, AND DNA.

15.J.2.B. CURRENT MEDICATIONS AND ALLERGIES. INCLUDE ANY FORCE HEALTH PROTECTION PRESCRIPTION PRODUCT (FHPPP) PRESCRIBED AND DISPENSED TO AN INDIVIDUAL.

15.J.2.C. SPECIAL DUTY QUALIFICATIONS.

15.J.2.D. ANNOTATION OF CORRECTIVE LENS PRESCRIPTION.

15.J.2.E. SUMMARY SHEET OF CURRENT AND PAST MEDICAL AND SURGICAL HISTORY AND CONDITIONS.

15.J.2.F. MOST RECENT DD FORM 2795, PREDEPLOYMENT HEALTH ASSESSMENT.

15.J.2.G. DOCUMENTATION OF DENTAL STATUS CLASSES I OR II.

15.J.2.H. IMMUNIZATION RECORD. MEDICAL DEPLOYMENT SITES WILL ENTER IMMUNIZATION DATA THROUGH SERVICE ELECTRONIC TRACKING SYSTEMS, (ARMY-MEDPROS, AIR FORCE-AFCITA, COAST GUARD-MRRS, NAVY-MRRS (ASHORE) OR SAMS (AFLOAT) AND MARINE CORPS-MRRS).

15.K. PRE-DEPLOYMENT TRAINING. SEE REF C.

15.K.1. SCOPE. GENERAL ISSUES TO BE ADDRESSED. INFORMATION REGARDING KNOWN AND SUSPECTED HEALTH RISKS AND EXPOSURES, HEALTH RISK COUNTERMEASURES AND THEIR PROPER EMPLOYMENT, PLANNED ENVIRONMENTAL AND OCCUPATIONAL SURVEILLANCE MONITORING, AND THE OVERALL OPERATIONAL RISK MANAGEMENT PROGRAM.

15.K.2. CONTENT. SHOULD INCLUDE, BUT NOT BE LIMITED TO, THE FOLLOWING AREAS: COMBAT/OPERATIONAL STRESS CONTROL AND SUICIDE PREVENTION; MILD TRAUMATIC BRAIN INJURY RISK AND IDENTIFICATION; NUCLEAR, BIOLOGICAL, CHEMICAL THREATS (INCLUDING REQUIRED CBRN TRAINING FOR MEDICAL PERSONNEL); ENDEMIC PLANT, ANIMAL, REPTILE AND INSECT HAZARDS AND INFECTIONS; COMMUNICABLE DISEASES; VECTORBORNE DISEASES; ENVIRONMENTAL CONDITIONS; SAFETY; OCCUPATIONAL HEALTH.

15.L. THEATER FORCE HEALTH PROTECTION.

15.L.1. THERAPEUTIC / CHEMOPROPHYLACTIC REQUIREMENTS.

15.L.1.A. MALARIA CHEMOPROPHYLACTIC REQUIREMENTS. WHILE PRE-DEPLOYMENT MALARIA CHEMOPROPHYLACTIC REQUIREMENTS ARE DESCRIBED IN PARAGRAPH 15.H.1., COMPONENT AND JTF SURGEONS MAY MODIFY THESE REQUIREMENTS BASED ON LOCAL RISK ASSESSMENT CONDUCTED ONCE DEPLOYED. IN CONDUCTING SUCH A RISK ASSESSMENT, SURGEONS SHOULD REVIEW THE MOST RECENT ASSESSMENTS AND RISK MAPS PRODUCED BY NCMI. THIS INFORMATION CAN BE ACCESSED ON UNCLASSIFIED WEBSITE [HTTPS://WWW.INTELINK.GOV/NCMI/INDEX.PHP](https://www.intelink.gov/ncmi/index.php). NCMI NO LONGER REQUIRES A PASSWORD FOR USERS IN THE “.MIL” DOMAIN. PRODUCTS CAN ALSO BE ACCESSED ON SIPRNET WEBSITE [HTTP://WWW.AFMIC.DIA.SMIL.MIL](http://www.afmic.dia.smil.mil). BASED ON NCMI RISK ASSESSMENTS, RECOMMENDATIONS FOR CHEMOPROPHYLAXIS WILL BE PROVIDED TO COMMANDERS USING THE FOLLOWING GUIDELINES. SEE REF DD.

15.L.1.A.1. MALARIA CHEMOPROPHYLAXIS IS GENERALLY INDICATED FOR FIELD OPERATIONS AND RURAL EXPOSURES IN GEOGRAPHIC AREAS WHERE NCMI ASSESSES THE PROJECTED ATTACK RATE TO BE “A SMALL NUMBER OF CASES (LESS THAN 1 PER MONTH)” OR GREATER

PER NCMI MALARIA RISK MAPS.

15.L.1.A.2. CHEMOPROPHYLAXIS IS REQUIRED IN ALL AREAS WHERE THE PROJECTED ATTACK RATES ARE 1-10 PERCENT PER MONTH OR GREATER PER NCMI MALARIA RISK MAPS.

15.L.1.A.3. FOR AREAS WHERE NCMI ASSESSES THE PROJECTED ATTACK RATE TO BE "LIMITED RARE CASES (LESS THAN 1 PER 1000 PER MONTH)", CHEMOPROPHYLAXIS IS NOT ALWAYS INDICATED. PERSONAL PROTECTIVE MEASURES MAY PROVIDE SUFFICIENT PROTECTION. THE DECISION TO USE CHEMOPROPHYLAXIS SHOULD BE BASED ON SPECIFIC MISSION PARAMETERS.

15.L.1.A.4. MANEUVER FORCES WITH INTERMITTENT AND UNPREDICTABLE EXPOSURES TO RISK AREAS SHOULD EMPLOY CHEMOPROPHYLAXIS BASED ON THE HIGHEST RISK AREAS.

15.L.1.A.5. MALARIA TRANSMISSION SEASONS AS OUTLINED BY NCMI WILL BE TAKEN INTO CONSIDERATION IN ALL CHEMOPROPHYLAXIS RECOMMENDATIONS.

15.L.1.A.6. LOCAL COMPONENT/JTF SURGEONS ARE ENCOURAGED TO CONDUCT EVIDENCE-BASED ENTOMOLOGICAL AND EPIDEMIOLOGICAL ASSESSMENTS OF MALARIA RISK AT FIXED BASES WHERE SIGNIFICANT NUMBERS OF PERSONNEL ARE ASSIGNED FOR PROLONGED PERIODS. IF A CONFIDENT ASSESSMENT CAN BE MADE OF THE LOCAL RISK, CHEMOPROPHYLAXIS POLICY FOR THAT BASE SHOULD BE MODIFIED ACCORDINGLY.

15.L.1.A.7. THE CENTCOM SURGEON'S OFFICE MUST BE NOTIFIED OF LOCAL CHEMOPROPHYLAXIS POLICY IF DIFFERENT THAN OUTLINED IN THE CURRENT MOD (PARAGRAPH 15.H.1). THE LOCAL COMPONENT/JTF POLICIES WILL BE STORED ON THE COMMAND SURGEON HOME PAGE

([HTTP://HQSWEB01.CENTCOM.SMIL.MIL/INDEX.ASP?DIVISION=CCSG](http://HQSWEB01.CENTCOM.SMIL.MIL/INDEX.ASP?DIVISION=CCSG)) UNDER THE FORCE HEALTH PROTECTION LINK, UNDER THE SUB-LINK MALARIA POLICIES.

15.L.1.A.8. INFORM PERSONNEL THAT MISSING ONE DOSE OF MEDICATION AND NOT USING THE DOD INSECT REPELLENT SYSTEM WILL PLACE THEM AT INCREASED RISK FOR MALARIA.

15.L.1.A.9. TERMINAL PROPHYLAXIS WITH PRIMAQUINE IS INDICATED FOR ALL COUNTRIES IN THE USCENTCOM AOR WHERE P. VIVAX AND P. OVALE MALARIA ARE TRANSMITTED AND WHERE CHEMOPROPHYLAXIS WAS ADMINISTERED (UNLESS SPECIFICALLY STATED BY LOCAL COMPONENT/JTF GUIDANCE). ONCE THE DISEASE TRANSMISSION IS TERMINATED (I.E., DEPARTURE FROM AOR), ALL PERSONNEL INDICATED FOR TERMINAL PROPHYLAXIS WILL SEE A LICENSED MEDICAL PROVIDER. ON AN INDIVIDUAL BASIS, THE PROVIDER WILL ENSURE THAT THE PERSON HAS BEEN TESTED FOR G6PD DEFICIENCY. INDIVIDUALS WHO ARE NOTED TO BE G6PD-DEFICIENT WILL NOT BE PRESCRIBED PRIMAQUINE. INDIVIDUALS SHOULD REMAIN ON MALARIA CHEMOPROPHYLAXIS UNTIL SUCH TIME THAT THEY CAN BEGIN PRIMAQUINE AND THEN CONTINUE BOTH FOR THE PRESCRIBED DURATION. PROVIDERS SHOULD BE AWARE THAT PRIMAQUINE DOSING RECOMMENDATIONS OFTEN REFER TO THE BASE INGREDIENT (PRIMAQUINE PHOSPHATE 26.3MG TABLETS CONTAIN 15MG OF PRIMAQUINE BASE).

15.L.1.B. CBRN COUNTERMEASURES.

15.L.1.B.1. TO PROTECT AGAINST POSSIBLE AND POTENTIALLY INDICATED CBRN THREATS WITHIN THE AOR, SERVICE COMPONENTS WILL BPT ACQUIRE AND ISSUE, IAW SERVICE POLICY OR ON ORDER FROM THE CENTCOM COMMANDER, THE FOLLOWING TYPES AND QTYS OF MCDM ITEMS FOR THEIR IN-THEATER FORCES:

15.L.1.B.1.A. PYRIDOSTIGMINE BROMIDE (PB) 30MG TABS (SOMAN NERVE AGENT PRETREATMENT PYRIDOSTIGMINE - SNAPP); 42 TABLETS PER DEPLOYED INDIVIDUAL.

15.L.1.B.1.B. POTASSIUM IODIDE (KI) TABLETS; 14 TABS PER DEPLOYED INDIVIDUAL.

15.L.1.B.2. SERVICE COMPONENTS AND/OR JTFs WITH BASE OPERATING SUPPORT (BOS) RESPONSIBILITY FOR BASES IN THEATER THAT ARE KEY TRANSPORTATION NODES OR R&R SITES WILL ENSURE ADEQUATE AMOUNTS OF THE MCDM ITEMS LISTED IN PARAGRAPH 15.H.2.A. ARE PRE-POSITIONED AND STORED TO SUPPORT THE TRANSIENT POPULATION THAT MAY RESIDE OR BE PRESENT AT THESE LOCATIONS FOR ANY PERIOD OF TIME AND ANY INDIVIDUAL DEPLOYERS NOT ATTACHED TO A TROOP UNIT MOVEMENT.

15.L.2. HEALTH SURVEILLANCE. SEE REF C AND GG.

15.L.2.A. JOINT MEDICAL WORKSTATION (JMEWS).

15.L.2.A.1. UNITS WILL USE JMEWS AS THE PRIMARY DATA ENTRY POINT FOR DISEASE AND INJURY (DI) REPORTING. UNITS WILL ENSURE ALL SUBORDINATE UNITS COMPLETE JOINING AND DEPARTING REPORTS AS REQUIRED WITHIN JMEWS.

15.L.2.A.2. UNITS WILL COORDINATE JMEWS TRAINING PRIOR TO DEPLOYMENT FOR APPROPRIATE PERSONNEL TO THE MAXIMUM EXTENT POSSIBLE. CURRENTLY, THE ARMY USES MC4 TRAINERS TO TRAIN JMEWS, OTHER SERVICES DO NOT HAVE DIRECTED TRAINERS AT THIS TIME.

15.L.2.B. DISEASE AND INJURY (DI) SURVEILLANCE.

15.L.2.B.1. THE LIST OF DI REPORTING CATEGORIES, THEIR DEFINITIONS, AND THE ESSENTIAL ELEMENTS OF THE STANDARD DI REPORT CAN BE FOUND IN ENCLOSURE C OF MCM 0028-07.

15.L.2.B.2. COMPONENT AND JTF SURGEONS ARE RESPONSIBLE FOR ENSURING UNITS WITHIN THEIR AOR ARE COLLECTING THE PRESCRIBED DNBI DATA AND REPORTING THAT DATA THROUGH THE JMEWS ON A WEEKLY BASIS.

15.L.2.B.3. MEDICAL PERSONNEL AT ALL LEVELS WILL ANALYZE THE DI DATA FROM THEIR UNIT AND THE UNITS SUBORDINATE TO THEM AND MAKE CHANGES AND RECOMMENDATIONS AS REQUIRED TO REDUCE DI AND MITIGATE THE EFFECTS OF DI UPON OPERATIONAL READINESS.

15.L.2.C. PERIODIC OCCUPATIONAL AND ENVIRONMENTAL MONITORING SUMMARY (POEMS).

15.L.2.C.1. AUTHORITY. POEMS ARE A JOINT APPROVED PRODUCT USED TO ADDRESS ENVIRONMENTAL EXPOSURE DOCUMENTATION REQUIREMENTS ESTABLISHED BY REFERENCES D AND MCM 0028-07.

15.L.2.C.2. TIMEFRAME. POEMS WILL BE CREATED AND VALIDATED FOR EVERY MAJOR DEPLOYMENT SITE AS SOON AS SUFFICIENT DATA IS AVAILABLE, BUT AT LEAST ANNUALLY. IN GENERAL, POEMS ARE A SUMMARY OF INFORMATION REFLECTING A YEAR OR MORE OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH DATA TO ENSURE ADEQUATE COLLECTION OF EXPOSURE INFORMATION.

15.L.2.C.3. CLASSIFICATION/PUBLICATION/ACCESS. POEMS WILL BE UNCLASSIFIED BUT POSTED ON THE PASSWORD PROTECTED DEPLOYMENT OCCUPATIONAL AND ENVIRONMENTAL HEALTH SURVEILLANCE DATA PORTAL ([HTTPS://DOEHSPORTAL.APGEA.ARMY.MIL/DOEHRS-OEHS](https://doehsportal.apgea.army.mil/doehrs-oehs)) WHERE JOINT OCCUPATIONAL ENVIRONMENTAL HEALTH SURVEILLANCE DATA AND REPORTS ARE STORED. THE POEMS TEMPLATE CAN BE FOUND AT [HTTP://CHPPM-WWW.APGEA.ARMY.MIL/OEH](http://chppm-www.apgea.army.mil/oeh).

15.L.2.C.4. RESPONSIBILITIES. SERVICE COMPONENTS AND JTFS ARE RESPONSIBLE FOR ENSURING POEMS ARE COMPLETED FOR SITES IN THEIR RESPECTIVE AOR. THEY SHOULD DEVELOP SITE PRIORITIZATION LISTS AND ENLIST THE SUPPORT OF SERVICE PUBLIC HEALTH ORGANIZATIONS (E.G. U.S. ARMY PUBLIC HEALTH COMMAND (PROVISIONAL), FORMERLY USACHPPM) TO DRAFT THE CONTENT OF A SITE POEMS. THE USAPHC(P) OVERSEES THE DATA ARCHIVAL WEBSITE FOR PUBLICATION OF FINAL POEMS AND ASSOCIATED DOCUMENTS; HOWEVER, APPROVAL OF "FINAL" POEMS MUST COME FROM THE SERVICE COMPONENT/JTF FHP OFFICER WITH INPUT FROM PREVENTIVE MEDICINE RESOURCES IN DIRECT OR GENERAL AREA SUPPORT.

15.L.3. REPORTABLE MEDICAL EVENT (RME) SURVEILLANCE. SEE REF I.

15.L.3.A. THE LIST OF DISEASES AND CONDITIONS THAT MUST BE REPORTED CAN BE FOUND IN THE TRI-SERVICE REPORTABLE EVENTS GUIDELINES AND CASE DEFINITIONS AT [HTTP://WWW.AFHSC.MIL](http://www.afhsc.mil)

15.L.3.B. ADVERSE MEDICAL EVENTS RELATED TO IMMUNIZATIONS SHOULD BE REPORTED THROUGH RME IF CASE DEFINITIONS ARE MET. ALL IMMUNIZATION RELATED UNEXPECTED ADVERSE EVENTS ARE TO BE REPORTED THROUGH THE VACCINE ADVERSE EVENTS REPORTING SYSTEM (VAERS) AT [HTTP://WWW.VAERS.HHS.GOV](http://www.vaers.hhs.gov).

15.L.3.C. COMPONENT AND JTF SURGEONS ARE RESPONSIBLE FOR ENSURING UNITS WITHIN THEIR AO ARE COLLECTING THE APPROPRIATE RME DATA AND REPORTING THAT DATA THROUGH THEIR SERVICE SPECIFIC REPORTING MECHANISMS.

15.L.3.C.1. IT IS ONLY REQUIRED TO COPY CCSG FOR THE FOLLOWING RMES AT CCSG-PMO@CENTCOM.SMIL.MIL OR CCSG-WAIVER@CENTCOM.MIL: ANTHRAX; BOTULISM; CBRN

AND TIC/TIM OEH EXPOSURE; COLD WEATHER/HEAT INJURIES; DENGUE FEVER; HANTAVIRUS DISEASE; HEMORRHAGIC FEVER; HEPATITIS B OR C, ACUTE; MALARIA; MEASLES; MENINGOCOCCAL DISEASE; NOROVIRUS; PLAGUE; PNEUMONIA, EOSINOPHILIC; RABIES, HUMAN; STREPTOCOCCUS, INVASIVE GROUP A; TETANUS; TUBERCULOSIS, PULMONARY; TYPHOID FEVER; VARICELLA.

15.L.3.D. RME REPORTING IS TO OCCUR AS SOON AS REASONABLY POSSIBLE AFTER THE EVENT HAS OCCURRED. CERTAIN EVENTS ARE CONSIDERED URGENT RME AND IMMEDIATE REPORTING IS REQUIRED.

15.L.4. HEALTH RISK COMMUNICATION. SEE REF C.

15.L.4.A. DURING ALL PHASES OF DEPLOYMENT, PROVIDE HEALTH INFORMATION TO EDUCATE, MAINTAIN FIT FORCES, AND CHANGE HEALTH RELATED BEHAVIORS FOR THE PREVENTION OF DISEASE, ILLNESS, AND INJURY DUE TO RISKY PRACTICES AND UNPROTECTED EXPOSURES.

15.L.4.B. CONTINUAL HEALTH RISK ASSESSMENTS ARE ESSENTIAL ELEMENTS OF THE HEALTH RISK COMMUNICATION PROCESS DURING THE DEPLOYMENT PHASE. MEDICAL PERSONNEL AT ALL LEVELS WILL PROVIDE WRITTEN AND ORAL RISK COMMUNICATION PRODUCTS TO COMMANDERS AND DEPLOYED PERSONNEL FOR MEDICAL THREATS, COUNTERMEASURES TO THOSE THREATS, AND THE NEED FOR ANY MEDICAL FOLLOW-UP.

15.L.4.C. DNBI, RME AND OCCUPATIONAL ENVIRONMENTAL HEALTH (OEH) RISK ASSESSMENTS WITH RECOMMENDED COUNTERMEASURES WILL BE PROVIDED TO COMMANDERS AND DEPLOYED PERSONNEL ON A REGULAR BASIS AS WELL AS A SITUATIONAL BASIS WHEN A SIGNIFICANT CHANGE IN ANY ASSESSMENT OCCURS.

15.L.5. HEALTH CARE MANAGEMENT.

15.L.5.A. ALL CENTCOM CLINICAL PRACTICE GUIDELINES (CPGS) ARE MAINTAINED ON THE THEATER MEDICAL DATA STORE (TMDS) WEBSITE ([HTTPS://TMDS.TMIP.OSD.MIL](https://tmds.tmip.osd.mil)) UNDER THE GUIDELINES / INFO TAB. A TMDS ACCOUNT IS REQUIRED; USERS CAN APPLY FOR AN ACCOUNT AT THIS LINK.

15.L.5.B. USCENTCOM AND COMPONENTS WILL MONITOR IMMUNIZATION COMPLIANCE VIA THE USCENTCOM IMMUNIZATION STATUS REPORTS WEB SITE. SUBORDINATE COMMANDS WILL REQUEST ACCESS TO THE USCENTCOM IMMUNIZATION WEB SITE BY CONTACTING CCSG AT CCSG-WAIVER@CENTCOM.MIL OR CCSG-PMO@CENTCOM.SMIL.MIL.

15.L.5.C. DOCUMENTATION OF ALL MEDICAL AND DENTAL CARE RECEIVED WHILE DEPLOYED WILL BE IAW CENTCOM MEDICAL INFORMATION MANAGEMENT GUIDELINES.

15.L.5.D. DOD CONTRACTORS. A DISQUALIFYING MEDICAL CONDITION AS DETERMINED BY AN IN-THEATER COMPETENT MEDICAL AUTHORITY WILL BE IMMEDIATELY REPORTED TO THE CONTRACTOR EMPLOYEE'S CONTRACTING OFFICER WITH A RECOMMENDATION THAT THE CONTRACTOR BE IMMEDIATELY REDEPLOYED AND REPLACED AT CONTRACTOR EXPENSE.

15.L.5.E. IT IS A COMMANDER'S RESPONSIBILITY TO ENSURE THAT ALL PERSONNEL POTENTIALLY AFFECTED BY A BLAST EVENT ARE EVALUATED FOR TRAUMATIC BRAIN INJURY (TBI) BY A MEDICAL PROVIDER AND DOCUMENTATION IS COMPLETED IAW CURRENT DIRECTIVES.

15.L.5.E.1. DOCUMENTATION IN THE ELECTRONIC MEDICAL RECORD IS MANDATORY WHEN THERE IS EITHER EVIDENCE OR SUSPICION OF TBI.

15.L.6. PERSONAL PROTECTIVE MEASURES. A SIGNIFICANT RISK OF DISEASE CAUSED BY INSECTS AND TICKS EXISTS YEAR-ROUND IN THE AOR. THE THREAT OF DISEASE WILL BE MINIMIZED BY USING THE DOD INSECT REPELLANT SYSTEM AND BED NETS; [HTTP://WWW.AFPMB.ORG](http://www.afpmb.org). SEE REF CC.

15.L.6.A. PERMETHRIN TREATMENT OF UNIFORMS WITH THE INDIVIDUAL DYNAMIC ABSORPTION (IDA) KIT (NSN: 6840-01-345-0237). IDA KITS AND 2 GALLON SPRAYER PERMETHRIN TREATMENT DOES NOT PROVIDE CONSISTENT PROTECTION WHEN APPLIED TO THE FLAME-RESISTANT ARMY COMBAT UNIFORM (FRACU). THE ARMED FORCES PEST MANAGEMENT BOARD IS WORKING THIS SHORTFALL WITH PROGRAM EXECUTIVE OFFICE (PEO) SOLDIER AND WILL PROVIDE UPDATES TO USCENTCOM AND ITS SERVICE COMPONENTS/JTFS. CURRENT PROJECTED TIMELINE FOR FIELDING OF FRACUS FACTORY-

TREATED WITH PERMETHRIN (FRACU-P) IS 3RD QTR, FY10. USE OF OTHER PROTECTIVE MEASURES IAW THE DOD INSECT REPELLANT SYSTEM IS ESSENTIAL.

15.L.6.B. APPLY DEET CREAM (NSN: 6840-01-284-3982) TO EXPOSED SKIN. ONE APPLICATION LASTS 6-12 HOURS; MORE FREQUENT APPLICATION IS REQUIRED IF HEAVY SWEATING AND/OR IMMERSION IN WATER, ETC.

15.L.6.C. WEAR TREATED UNIFORM PROPERLY TO MINIMIZE EXPOSED SKIN (E.G. SLEEVES DOWN).

15.L.6.D. USE PERMETHRIN TREATED BEDNET PROPERLY TO MINIMIZE EXPOSURE DURING REST/SLEEP PERIODS.

15.L.7. UNIT MASCOTS AND PETS.

15.L.7.A. LOCAL ANIMALS (E.G., LIVESTOCK, CATS, DOGS, BIRDS, REPTILES, ETC.) ARE CARRIERS AND RESERVIORS FOR MULTIPLE DISEASES TO INCLUDE LEISHMANIASIS, RABIES, Q FEVER, LEPTOSPIROSIS, AVIAN INFLUENZA, DIARRHEAL DISEASE, ETC.

15.L.7.B. PER CENTCOM GENERAL ORDER 1.B, DEPLOYED PERSONNEL WILL AVOID CONTACT WITH LOCAL ANIMALS IN THE DEPLOYED SETTING AND WILL NOT FEED, ADOPT OR INTERACT WITH THEM IN ANY WAY.

15.L.8. FOOD AND WATER SOURCES.

15.L.8.A. ALL WATER (INCLUDING ICE) IS CONSIDERED NON-POTABLE UNTIL TESTED AND APPROVED BY APPROPRIATE MEDICAL PERSONNEL.

15.L.8.B. NO FOOD SOURCES WILL BE UTILIZED UNLESS INSPECTED AND APPROVED BY U.S. VETERINARY PERSONNEL.

15.L.8.C. COMMANDERS WILL ENSURE THE NECESSARY SECURITY TO PROTECT WATER AND FOOD SUPPLIES AGAINST TAMPERING (FOOD/WATER VULNERABILITY ASSESSMENTS). MEDICAL PERSONNEL WILL PROVIDE CONTINUAL VERIFICATION OF QUALITY AND PERIODIC INSPECTION OF STORAGE AND PREPARATION FACILITIES.

15.L.8.D. THE FORCE HEALTH PROTECTION REQUIREMENTS CAN BE USED AS GUIDANCE FOR FAMILY MEMBERS AND OTHER CATEGORIES NOT PREVIOUSLY MENTIONED. ADDITIONAL IMMUNIZATIONS OR HEALTH SCREENING MAY BE INDICATED AFTER EVALUATING AN INDIVIDUAL'S RISK FACTORS, MEDICAL RECORD AND ASSIGNMENT LOCATION. THESE CONCERNS SHOULD BE ADDRESSED BETWEEN THE PATIENT AND THEIR PRIMARY CARE PROVIDER PRIOR TO TRAVELING OVERSEAS.

15.M. ALL OTHER INSTRUCTIONS AND GUIDANCE SPECIFIED IN INITIAL POLICY MESSAGE REMAIN IN EFFECT. MOD NINE IS NOW INVALID.

15.N. THE USCENTCOM POC FOR PREVENTIVE MEDICINE/FORCE HEALTH PROTECTION IS CCSG, DSN 312-651-6397; COMM: 813-827-6397; SIPR: CCSG-PMO@CENTCOM.SMIL.MIL; NIPR: CCSG-WAIVER@CENTCOM.MIL//

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